AMENDMENTS TO THE SPECIFICATION

On page 2, at the paragraph beginning on line 14, please amend as follows:

The present inventors have identified Rv3879c as a major T-cell antigen in humans, with 45% of tuberculosis patients responding to peptides from the Rv3879 gene product. Only one of 38 (2.6%) BCG-vaccinated donors responded to peptides from Rv3879c. The ~~highly~~ high specificity of Rv3879c peptides, together with their moderate sensitivity in tuberculosis patients, identify these peptides as candidates for inclusion in new T cell-based tests for MTB infection.

On page 3, at the paragraph beginning at line 32, please amend as follows:

Figure 3 illustrates the location and homology of PPE protein family motif as described (~~http://genolist.pasteur.fr/TubercuLIST/mast/P210.1.html~~ see the TubercuList World-Wide Web Server at the website for the Institut Pasteur), within the partial amino acid sequence of Rv3873 (amino acid residues 100-160) (SEQ ID NO:32 compared to SEQ ID NO:33). Amino acid residues are shown in the one letter code. Underlined residues indicate the given peptide sequence. Identical residues are indicated with a cross.

Change(s) applied to document, /M.M.C./ 10/17/2011

On page 13, at the paragraph beginning at line 6, please amend as follows:

The peptide is typically made from a longer polypeptide e.g. a fusion protein, which polypeptide typically comprises the sequence of the peptide. The peptide may be derived from the polypeptide by for example hydrolysing the polypeptide, such as using a protease; or by physically breaking the polypeptide. The polypeptide ~~is~~ typically has the sequence shown in SEQ ID NO:1 and may have been expressed recombinantly.

On page 13, at the paragraph beginning at line 29, please amend as follows:

All participants were recruited prospectively in London and Oxford over a 14 month period from June 2002 through July 2003. Ethical approval for the study was granted by the Harrow and Central Oxford Research Ethics Committees. The diagnoses of all 49 TB patients were bacteriologically confirmed with positive cultures for MTB from one or more clinical specimens. Patients were untreated or had received less than 2 weeks therapy at the time of